

### **Hospital Standard Charges**

**A complete list of hospital charges is may be viewed by contacting the Financial Assistance Clerk at Nicholas Noyes Hospital at 585-335-6778;**

### **Amounts Generally Billed**

As part of the Financial Assistance program, Federal law requires the hospital to calculate an “Amount Generally Billed” for emergency and other medically necessary care. The Amount Generally Billed is intended to represent the amount the hospital generally receives as payment for services furnished to individuals who have insurance. Nicholas Noyes Memorial Hospital has elected to use Medicare Parts A and B allowed payments (including coinsurance, copayments and deductibles) as the Amount Generally Billed. Under this Financial Assistance Policy, no Eligible Individual who meets the Eligibility Criteria will pay more for an Eligible Service than the Amount Generally Billed.

Information about the Medicare allowed payment will be available upon request to our Price Estimation service by contacting us at (585) 335-6778. The representatives will be able to give patients the amount the patient may be responsible for based on the reimbursement by Medicare Parts A and B. Below are a few of Noyes top DRG's, tests, exams and procedures.

#### **Top 5 Diagnoses Related Groups:**

<b><u>Description:</u></b>	<b><u>DRG:</u></b>	<b><u>Noyes Amount General Billed:</u></b>
Simple Pneumonia & Pleurisy w CC/MCC	194	\$ 6,550.28
Major Joint Replacement OR	470	\$ 13,528.84
Misc. Disorders of Nutrition	641	\$ 4,912.65
Simple Pneumonia & Pleurisy w/o CC/MCC	195	\$ 4,716.52
Chronic Obstructive Pulmonary Disease	192	\$ 5,018.67

#### **Laboratory Tests:**

<b><u>Description:</u></b>	<b><u>CPT Code</u></b>	
Comprehensive Metabolic Panel	80053	\$ 14.39
Complete CBC W/Auto Diff WBC	85025	\$ 10.53
Lipid Panel	80061	\$ 18.24
Assay Thyroid Stim Hormone	84443	\$ 22.84
Glycosylated Hemoglobin Test	83036	\$ 13.32

#### **Radiology Examinations:**

<b><u>Descriptions</u></b>	<b><u>CPT Codes</u></b>	
X-ray Exam of Chest	71020	\$ 55.70
X-ray Exam of Ankle	73610	\$ 55.70
X-ray Exam of Wrist	73110	\$ 55.70

CT Scan Abdomen and Pelvis W/O Contrast	74176	\$ 175.87
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**Cardiovascular:**

<b><u>Description:</u></b>	<b><u>CPT Code</u></b>	
EKG Tracing	93005	\$ 51.25

**Procedures:**

<b><u>Descriptions</u></b>	<b><u>CPT Codes</u></b>	
Level II Nerve Injections	G0260	\$ 536.09
EGD Biopsy Single/Multiple	43239	\$ 682.84
Colon Cancer Screening; Not at Risk	G0121	\$ 689.82
Colonoscopy with lesion removal	45385	\$ 689.82
Laparoscopic Cholecystectomy/graph	47563	\$ 3,665.63

Plus, any other anesthesia, drug or other procedures also done during the above procedures will be additional. Any professional charges for the physicians or anesthesiologists will also be billed separately. Each billable procedure is billed separately if applicable.

If patients would like additional information for tests or procedures charged. They can contact the Financial Assistance Clerk during normal working hours.